



VACCINES FOR CHILDREN PROGRAM

WHAT IS THE PUBLIC HEALTH PROBLEM?

In the past, private providers referred children to public health department clinics for immunizations because children did not have health insurance or their health insurance did not cover vaccinations. Since 1995, the Vaccines for Children (VFC) program, established by Section 1928 of the Social Security Act, has allowed children to receive vaccinations as part of routine care, supporting the reintegration of vaccination and primary care. Currently, the VFC authorizing legislation still imposes a price cap on all vaccines for which a federal contract existed prior to May, 1993. Manufacturers of Tetanus Diphtheria (Td, DT) vaccines have refused to bid on CDC contracts since 1998, making these vaccines unavailable for purchase through the VFC program. An unprecedented shortage of many routinely recommended vaccines occurred in the U.S., beginning in 2001. These shortages posed an increased risk to children of preventable infectious diseases.

WHAT HAS CDC ACCOMPLISHED?

- The VFC program provides publicly purchased vaccines for use by all participating providers. These vaccines are given to eligible children without cost to the provider or the parent.
- The VFC program is CDC's largest public/private partnership. The program currently serves about 40% of the population aged birth - 18 years with VFC supplied vaccine totaling \$798 M in CY 2002.
- The VFC program provides immunizations for children who are uninsured, Medicaid recipients, Native Americans, or Alaska Natives at their doctors' offices. VFC also provides immunizations for children whose insurance does not cover immunizations at participating Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).
- By decreasing referrals to public health departments, the VFC program has improved the continuity of care and promoted the "medical home" concept. The program has contributed to high immunization rates and reduced delays in immunizations and, subsequently, the risk of serious illness or death from vaccine-preventable diseases.
- The VFC program ensures that all eligible children receive the benefits of newly recommended vaccines, thus strengthening immunity levels in their communities. The program also ensures that access to newly recommended vaccines for children in low-income and uninsured families does not lag behind that for children in middle- and upper-income families.
- VFC saves the federal and state governments hundreds of millions of dollars each year by providing vaccines purchased at a reduced price to enrolled providers. This reduces the government's responsibility to pay high reimbursements for vaccines that were previously purchased by Medicaid providers at the highest market price.

WHAT ARE THE NEXT STEPS?

Legislation being proposed in 2004 would remove the price caps on vaccines and allow Td and DT to be purchased with VFC funds again. Also, the legislation will expand VFC vaccine access to include underinsured children seeking immunization services in state and local public health clinics.

CDC is awarding funds to immunization projects to integrate accountability with quality improvement using the Assessment, Feedback, Incentive and eXchange (AFIX) model. The AFIX model helps to ensure high-quality service delivery, immunization practices, and vaccine storage and handling procedures.

Increased VFC funds are being provided in 2003 so that CDC can expand the national stockpile program. A 6 month supply of all recommended pediatric vaccines will greatly reduce the potential public health consequences associated with supply disruptions.

For more information on this and other CDC programs, visit www.cdc.gov/programs

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